

400306

## BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH Mesa State File No. 291  
 County Mesa State Arizona Registered No. 87  
 District or Township Mesa District or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Olivia Watson  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED.  
 (Write the word)

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) 1906

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
21 8 17

## 8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (city or town) Canada  
 (State or country)

10. NAME OF FATHER Chas E Watson

11. BIRTHPLACE OF FATHER England  
 (State or country)

12. MAIDEN NAME OF MOTHER Amanda J

13. BIRTHPLACE OF MOTHER Utah  
 (State or country)

14. Informant Chas E Watson  
 (Address) Mesa

15. Filed June 30, 1927 Hd McNeil  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from

June 27, 1927 to June 27, 1927  
 that I last saw him alive on June 27, 1927

and that death occurred, on the date stated above, at 3:40 p.m.  
 The CAUSE OF DEATH\* was as follows:

Epilepsy - status epilepticus

(duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary)  
18 (duration) 4 yrs. 4 mos. 4 ds.

18. Where was disease contracted  
 If not at place of death?

Did an operation precede death? Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) W. Greer M. D.  
 (Address) 608 E. 29th St. Mesa, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Mesa Cemetery DATE OF BURIAL June 30/27

20. UNDERTAKER

H. A. Burton & Sons ADDRESS Mesa

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.